## 1/8000066730

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## **COVER LETTER**

	ion Section of Corporations	
SWY SUBJECT:	1 Painting LLC	
	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Walter E Medrano	
	Name of Person	
	SWM Painting LLC	
	Firm/Company	
	1661 Windy Ave	
	Address	
	Apopka, F1, 32712	
	City/State and Zip Code Ermedrano09@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Walter Medrano	407 921-9786	
	at ()  Vanue of Person Area Code Daytime Telephone Number	<del></del>
Enclosed is a chec	c for the following amount:	
■ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•-	FILED	`
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SWM Painting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	02/11/2018	197 <u>4</u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.18000066730		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SMW Painting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del>-</del>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
If Chai	nging Registered Agent, Signature of	New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	danager Authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address  Address  SEWATARY OF STATE  ALL MASSIE FLORE	Type of Action
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			□ Remove
			Change
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(optional) in 90 days after filing.) Pursuant to 605.0207 (3 pirements, this date will not be listed as th
at 12:01 a.m. on the earlier of:
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Filing Fee: \$25.00